

CHAPTER 7, PART A. CONVENTION FOR SAFE CONTAINERS (CSC) – DESCRIPTIONS

7A-1. TACTICAL SHELTERS AND MILVANS REQUIRE INSPECTIONS

This Chapter provides an overview of the CSC inspection requirements, why the program was developed, and how the program affects US Army Medical organizations that own and use MILVANS and expandable shelters in their operations.

7A-2. SAFETY INSPECTION REQUIREMENTS

a. The International CSC was established to ensure safe movement of ISO containers and shelters through international maritime channels. United States Public Law (US PL) 95-208, implemented the CSC requirements for both commercial and the DOD-owned containers.

b. In April 1997, the Deputy Under Secretary of Defense for Logistics took these requirements a step farther by signing Department of Defense (DOD) 4500.9-R-1 *Management and Control of DOD Intermodal Containers*; DOD 4500.9 Part VI dated June 2006 superseded this regulation. This regulation is mandatory for all US Government agencies. Current inspection documentation is required to move a container within the Defense Transportation System (DTS), even if moving the container to an exercise site, i.e., Joint Readiness Training Center (JRTC), National Training Center (NTC), or Regional Training Site Medical (RTS-MED).

c. The readiness state of each unit is partially based on the ability to execute rapid deployment. This is compromised when medical units do not have containers CSC certified for shipment. An expired certification means a non-deployable container.

7A-3. COMPLIANCE REQUIREMENTS FOR THE INTERNATIONAL SAFETY STANDARDS TO CERTIFY CONTAINERS

a. In order to comply with this requirement, containers must be inspected in accordance with (IAW) the international safety standards, 5 years from the date of manufacture, every 30 months thereafter, and when repaired after major damage.

b. The governing documents are *DOD 4500.9 Part VI* (June 2006) and *MIL-HDBK-138B* (1 January 2002). After a successful inspection the container is certified and so indicated directly on the container itself in a manner that can be readily noted by an inspector. Failure to comply with the above requirements can result in penalties of \$5,000 per day per container that remains in service (US Code Title 46 Sec 1505-JAN 19, 2004).

c. Units may have personnel trained as inspectors (at no cost) or request inspection assistance from their local Directorate of Logistics (DOL). The Defense Ammunition Center provides training courses on CD-ROM and Computer-Based

Training (CBT). The title for the CSC Course is *AMMO-43-CBT, Intermodal Dry Cargo Container / Convention for Safe Container (CSC) Re-inspection*, Version 1.2, dated Sep 2003.

d. Point of contact is:

US Army Defense Ammunition Center
ATTN: SJMAC-ASE
1 C Tree Road
McAlester OK 74501

Web: <http://www.dac.army.mil> (requires username and password)
Email: cbt@dac.army.mil
Phone: DSN 956-8931/8947, commercial (918) 420-8931/8947
Fax: DSN 956-8944, commercial (918) 420-8944

7A-4. TRANSMITTAL REQUEST FOR REPLACEMENT DEPARTMENT OF DEFENSE (DD) FORM 2282

(EXAMPLE for Requesting Replacement DD Form 2282)

FAX TRANSMITTAL FORM

Date: (Current Date)

Total Number of Pages to Include Cover Sheet: 2

Classification: Unclassified

TO: Ms. Virginia Brown

PHONE: DSN 328-2435

ATTN: DD Forms 2282

FAX: DSN 328-3373

FROM:	Requestor's Name
LOCATION:	Requestor's Location
ATTN:	Address (Office Symbol, Room Number)
	Street/Bldg. Number, Room Number
	City/State/Zip
PHONE:	Requestor's commercial / DSN phone numbers

Ms. Brown:

I have completed the *AMMO-43 for Intermodal Dry Cargo Container / CSC Re-inspection Course* conducted by the US Army Defense Ammunition Center and I am employed by the (Insert the name of the Organization that employs the requester) located at (Location of the requester) and I would like to request certification decals DD Form 2282.

I would appreciate your assistance in providing me with (state the number and year of DD Form 2282 required). Thank you in advance for your assistance in this matter.

(Requestor's Name and Title).

My FedEx address is:

The Requestor's Name

ATTN: (Office Symbol)

Street/Bldg. Number, Room Number

City/State/Zip

Telephone DSN: _____ COMM: _____